

CITY OF WOODSTOCK
COMMUNITY DEVELOPMENT DEPARTMENT
12453 Hwy 92, Woodstock, GA 30188
Business Licenses 770-592-6005 Fax 770-926-7820
Email: tcowley@woodstockga.gov

OCCUPATIONAL TAX LICENSE APPLICATION

OFFICE USE ONLY:

☐ NEW ☐ RENEWAL DATE RECEIVED: _____ ACCOUNT NO: _____
☐ Standard Occupation ☐ Insurance Agency/Company ☐ Professional

PROPERTY OWNER/LANDLORD: _____ **Map/Parcel No:** _____

NOTES: _____

SQUARE FOOTAGE: _____ **NAICS CODE:** _____

BUSINESS INFORMATION

☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

BUSINESS NAME: (DBA IF APPLICABLE): _____
(If not Sole Proprietorship-must provide Trade Name Certificate or Corporation paperwork)

BUSINESS OWNER: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: WOODSTOCK, GA ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

LOCAL WOODSTOCK BUSINESS PHONE #: _____ FAX #: _____

WEB SITE ADDRESS: _____

FEDERAL EMPLOYER ID NO: _____ GA SALES & USE #: _____

DETAILED DESCRIPTION OF BUSINESS: _____

_____ DATE OPENED IN CITY _____

STATE LICENSE NUMBER: _____ ATTACH A COPY OF THE LICENSE
(for a complete list go to <http://www.sos.ga.gov/plb/#>)

BUSINESS OWNER NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____ FAX NUMBER: _____

E-MAIL: _____ DRIVER LICENSE NO. _____ ST.: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

Regulatory Fee: see fee schedule

<input type="checkbox"/> --Nursing/Personal Care Home - \$250/yr	<input type="checkbox"/> --Garbage Collectors - \$250/yr	<input type="checkbox"/> --Peddlers - \$100/month
<input type="checkbox"/> --Tattoo Artists - \$100/yr	<input type="checkbox"/> --Hotels/Motels - \$250/yr	<input type="checkbox"/> --Itinerant Merchants - \$100/qtr
<input type="checkbox"/> --Pawnbrokers - \$500/yr	<input type="checkbox"/> --Burglar/Fire Alarm Installers - \$50/yr	
<input type="checkbox"/> --Firearm Dealers - \$500/yr	<input type="checkbox"/> --Hypnotists - \$250/yr	

Affidavit Verifying Status City of Woodstock

Instructions: As required by O.C.G.A. Section 50-36-1(d) (1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Select one of the following:

A_____ **I** _____ **am a United States
Citizen or legal permanent resident 18 years of age or older,**

B_____ **I** _____ **am a qualified alien or
non-immigrant under the Federal Immigration and Nationality
Act, 18 years of age or older and lawfully present in the United States.**

Alien registration number for non-citizens: _____ (required)

A front and back copy of one of the following documents must be attached:

- (a) Valid foreign passport with I-94 (b) Temporary resident card (I-688)
- (c) Employment authorization card (I-766 or I-688A)
- (d) Employment authorization document (I-688B); or
- (e) Refugee travel document (I-571)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Official Code of Georgia Annotated (O.C.G.A. 16-10-20)

O.C.G.A. § 50-36-1. (a) As used in this Code section, the term:

(1) **"Agency** or political subdivision" means any department, agency, authority, commission, or government entity of this state or any subdivision of this state.

(2) **"Applicant"** means any natural person, 18 years of age or older, who has made application for access to public benefits on behalf of an individual, business, corporation, partnership, or other private entity.

**Sworn to and subscribed before
me this**

_____ day of
_____, 20_____

Signature of Applicant

Printed Name

Notary Public,

My commission expires: _____

CALCULATION OF FEES

Administrative Fee / 1 Employee Minimum \$ 60.00
(OWNER COUNTS AS ONE)

Additional No. of Full-Time Employees _____ **X \$30.00** \$ _____

(TWO PART TIME EMPLOYEES COUNT AS ONE)

*** **"OR"** ***

Number of Professionals _____ x \$300.00 \$ _____

(ie Attorney's, Chiropractic, Podiatry, Dentistry,
 Engineering, land surveying,) City of Woodstock Ordinance Sec. 86-81

Insurance Agencies/Co.'s _____ x \$75.00 = \$ _____

New business opening after July 1 of current year deduct 50% **after Minimum:** \$ _____

Regulatory Fee (If applicable) \$ _____

Penalties of 10% (if applicable) \$ _____

TOTAL AMOUNT DUE: \$ _____

I hereby certify that the above stated information as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Woodstock Occupation Tax Ordinance as now or hereafter amended.

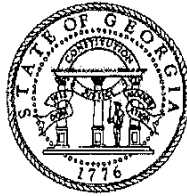
Signature of Applicant	Print Name	Title	Date
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OFFICE USE ONLY:

AMOUNT PAID _____ ☐ MONEY ORDER # _____ ☐ CHECK # _____

ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE OCCUPATIONAL TAX CLERK.

_____ Occupation Tax Clerk	<input type="checkbox"/> Complete	_____ Comments	_____ Date
_____ Zoning Administration	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Property Zoned	_____ Comments
_____ Code Enforcement Officer	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Square Footage	_____ Comments
_____ Fire Marshal's Office	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Comments	_____ Date
_____ Building Official	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Comments	_____ Date



State of Georgia
Department of Revenue
 1800 Century Boulevard
 Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different From the Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

Sales Tax ID #, if Your Business is Required to Have One by Law:

Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

An Equal Opportunity Employer